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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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March 6, 2017

Margaret Pritchard, CEO
Lakes Region Mental Health Center
40 Beacon Street East
Laconia, NH 03246

Dear Ms. Pritchard,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Lakes Region Mental Health Center (LRMHC). This review took place from February 21, 2018 through February 22, 2018. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

LRMHC is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item but please choose 2-3 to focus on for the purpose of your Quality Improvement Plan. Please address these in a QIP to my attention, via e-mail, by the close of business on April 5, 2018.

- Human Resources: Structure and Composition
 - H3: Program Meeting
 - H6: Staff Capacity
 - H7: Psychiatrist on Team
 - H9: Substance Abuse Specialist on Team
 - H10: Vocational Specialist on Team
 - H11: Program Size
- Organizational Boundaries
 - O3: Full Responsibility for Treatment Services
 - O4: Responsibility for Crisis Services
 - O5: Responsibility for Hospital Admissions
 - O6: Responsibility for Hospital Discharge Planning
- Nature of Services
 - S3: Assertive Engagement Mechanisms
 - S6: Work with Support System
 - S7: Individualized Substance Abuse Treatment
 - S8: Co-occurring Disorder Treatment Group

- S9: Co-occurring Disorders (Dual Disorders) Model

Thank you to all of the LRMHC staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren Quann". The signature is fluid and cursive, with the first name "Lauren" written in a larger, more prominent script than the last name "Quann".

Lauren Quann, Administrator of Operations
Bureau of Behavioral Health
Lauren.Quann@dhhs.nh.gov
603-271-8376

Enclosures: LRMHC Initial Fidelity Review, Fidelity QIP Template
CC: Karl Boisvert, Diana Lacey, Susan Drown

*The Department of Health and Human Services' Mission is to join communities and families
in providing opportunities for citizens to achieve health and independence.*



Assertive Community Treatment Fidelity Assessment

Lakes Region Mental Health Center

On Site Review Dates: February 21st & 22nd, 2018

Final Report Date: March 6th, 2018

David Lynde, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW
Dartmouth Hitchcock Medical Center
Evidenced-Based Practice Trainer & Consultant

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ACRONYMS

ACT - Assertive Community Treatment
BMHS - NH Bureau of Mental Health Services
CMHC - Community Mental Health Center
CSP - Community Support Program
DHHS - Department of Health and Human Services
DHMC - Dartmouth Hitchcock Medical Center
EBP - Evidence-Based Practice
ES - Employment Specialist
MH - Mental Health
MH Tx Team - Mental Health Treatment Team
NH - New Hampshire
NHH - New Hampshire Hospital
PSA - Peer Support Agency
QA - Quality Assurance
QIP - Quality Improvement Program
SAS - Substance Abuse Specialist
SE - Supported Employment
SMI - Severe Mental Illness
SPMI - Severe and Persistent Mental Illness
TL - Team Leader
Tx - Treatment
VR - Vocational Rehabilitation

AGENCY DESCRIPTION

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted an ACT Fidelity Review with Lakes Region Mental Health Center (LRMHC) on February 21st and 22nd, 2018. The LRMHC ACT team is based out of the Laconia, NH office. LRMHC's ACT team started delivering services in July 2013.

METHODOLOGY

The reviewers are grateful for the professional courtesies and work invested by the LRMHC staff in developing and providing these activities as part of the ACT fidelity review.

The sources of information used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Psychiatrist, ACT Nurse, ACT Peer Support Specialist, ACT Vocational Specialist, and other members of the ACT Team
- Meeting with ACT clients

REVIEW FINDINGS AND RECOMMENDATIONS

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

KEY

- ☒ = In effect
☐ = Not in effect

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	4	<p>The ACT team client to team member ratio is 12:1.</p> <p>Item formula: $\frac{\text{Number of clients presently served}}{\text{Number of FTE staff}} = 12.1$</p>	The ACT Team Leader and the agency should consider increasing the Program Size by increasing the FTEs for the Psychiatrist, Nurse, Vocational Specialist, Vocational Specialist, and Substance Abuse Specialist positions (Please see items H7 through H10). Maintaining a low consumer-to-staff ratio of at least 10:1 ensures adequate intensity and individualization of services.
H2	Team Approach	5	<p><input checked="" type="checkbox"/> The ACT provider group functions as a team, and team members know and work with all clients.</p> <p>100% of the clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.</p>	
H3	Program Meeting	3	<p>The ACT team has the following team meeting schedule:</p> <p><i>Monday</i>- 1.5 hour meeting. The Coordinator, Case Managers, Vocational Specialist, and Nurse typically attend this meeting. The Team Leader does not attend this meeting. The prescriber typically attends the second half of the meeting via video conference.</p>	<p>The ACT team should consider modifying the structure of the integrated treatment team meeting in order to include the medication prescriber throughout the entire meetings on Mondays, Wednesdays, and Fridays, while reviewing the entire ACT caseload while the prescriber and core ACT team members are present.</p> <p>It is important for all disciplines to attend the team in order to enhance communication and actively monitor team approach. Although review of logistics or client case management issues may seem trivial, the prescriber plays</p>

#	Item	Rating	Rating Rationale	Recommendations
			<p><i>Tuesday-</i> 1 hour meeting. The Team Leader runs an informal meeting with some core ACT team staff, not including the prescriber.</p> <p><i>Wednesday-</i> 1.5 hour meeting. The Team Leader, Case Managers, Coordinator, Voc Specialist, and Nurse typically attend this meeting. The prescriber typically attends the second half of the meeting.</p> <p><i>Thursday-</i> The Team Leader will meet with ACT staff as needed.</p> <p><i>Friday-</i> 1.5 hour meeting. The Team Leader, Case Managers, Coordinator, Vocational Specialist, and Nurse typically attend this meeting. The prescriber typically attends the 2nd half of the meeting.</p> <p>The ACT team does not consistently review each client each time during each team meeting.</p> <p>At the above meetings, not all full time ACT team members attend each meeting due to scheduling.</p>	<p>an important role in team decision making and should be available for consultation and guidance.</p> <p>The ACT team would benefit from reviewing clients more quickly with concise and critical information in order to review all ACT clients at each meeting.</p> <p>Reviewing each client more quickly would create more focus and better continuity of care. The ACT Team Leader might want to consider shortening the meeting length, as well as facilitating the meeting in a structured manner by assisting team members to share relevant and succinct information.</p> <p>In addition to the above, it is important for the ACT team to use their full daily meetings to adjust scheduling for each staff member to most efficiently and effectively determine which team members will provide coverage for emergent client situations and to combine trips to specific parts of the catchment area.</p>
H4	Practicing ACT Leader	4	The ACT supervisor provided of direct client services 28% of the time (approximately 4.18 hours per week on average).	<p>The ACT Team Leader might want to track all of his direct service activities on a regular basis.</p> <p>The agency might also want to consider working with the ACT Team Leader to identify specific duties and requirements that impede the Team Leader from providing necessary time in direct service to ACT clients. Many ACT Team Leaders start this process by doing a 2 week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT Team Leader from reaching this level of direct services.</p>

#	Item	Rating	Rating Rationale	Recommendations
H5	Continuity of Staffing	4	<p>The turnover rate for LRMHC ACT team in the past 2 years is 23%.</p> <p>Item formula: $\frac{\text{\# of staff to leave}}{\text{Total \# positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}$ $\frac{6}{13} \times \frac{12}{24} = 0.23$</p>	<p>The agency might set up a way to gather feedback from their current ACT team staff to find out reasons they stay on the ACT team. The agency might also want to consider gathering data about why staff have left the ACT team via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. The ACT team might consider making time for team building. Ideas include monthly celebrations and an annual retreat.</p>
H6	Staff Capacity	1	<p>On average, the ACT team operated at 29% of full staffing in the past 12 months.</p> <p>Item formula: $\frac{100 \times (\text{sum \# of vacancies each month})}{\text{Total \# staff positions} \times 12} = \% \text{ of absent positions}$ $\frac{100 \times 110}{13 \times 12} = 70.5\% \text{ absent vacant positions, or } 29\% \text{ full staffing}$</p>	<p>The ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members for the vacant positions. Maintaining consistent multidisciplinary services, continuity of care, and solid ACT team coverage requires minimal position vacancies.</p>

#	Item	Rating	Rating Rationale	Recommendations
H7	Psychiatrist on Team	3	<p>The ACT prescriber is assigned approximately 0.4 FTE on the ACT team, serving 69 ACT clients. The prescriber reports he spends about 0.5 FTE as Medical Director, and at least 0.1 FTE working with non-ACT clients.</p> <p>Item formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{.4 \times 100}{69} = 0.58 \text{ FTE per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the psychiatry time to at least 0.7 FTE.
H8	Nurse on Team	4	<p>The ACT Nurse is assigned 1.0 FTE on the ACT team, serving 69 ACT clients.</p> <p>Item Formula: $\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}$ $\frac{1 \times 100}{69} = 1.4 \text{ FTE per 100 clients}$</p>	Given the current size of the ACT Team, the agency should explore ways to increase the Nurse time to at least 1.4 FTE.
H9	Substance Abuse Specialist on Team	1	<p>The LRMHC ACT team does not currently have an ACT Substance Abuse Specialist.</p>	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to co-occurring disorder treatments provided by the ACT team.</p> <p>Given the size of the ACT team, the agency should consider hiring at least 1 full time Substance Abuse Specialist.</p>

#	Item	Rating	Rating Rationale	Recommendations
H10	Vocational Specialist on Team	2	<p>While there is a person assigned to be 1.0 FTE Vocational Specialist, this position is divided between providing case management or FSS services and employment services. This position is also responsible for supervising 3 clients in the agency work enclave.</p> <p>While this position is labeled as Vocational Specialist, the majority of this role is used for case management and FSS services. The review of records indicated this position provided nearly 500 minutes of FSS / case management services, and 0 minutes of vocational services. The Vocational Specialist is working with only 3 of the 69 ACT clients regarding employment goals, which indicates there are multiple clients with employment needs on the ACT team that are not being addressed.</p> <p>It is clear this position is used to provide FSS and case management services for the vast majority of the time, which does not meet the intent of this fidelity item.</p>	Given the current size of the ACT Team, the agency should explore ways to increase the Vocational Specialist time to at least 1.4 FTE.
H11	Program Size	3	<p>Currently, there are 6.1 FTE of staff positions on the ACT team, broken down as follows:</p> <ul style="list-style-type: none"> - Team Leader 0.9 FTE - Case Manager 1.0 FTE - Case Manager 0.8 FTE - Voc Specialist 1.0 FTE - Peer Specialist 1.0 FTE - Prescriber 0.4 FTE - Nurse 1.0 FTE 	The ACT Team Leader and the agency should increase the Program Size by increasing the FTEs for the Psychiatrist, Nurse, Vocational Specialist, Vocational Specialist, and Substance Abuse Specialist positions (Please see items H7 through H10). Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services, as well as assures other clients who might benefit from ACT services have access to ACT services.

#	Item	Rating	Rating Rationale	Recommendations
O1	Explicit Admission Criteria	5	<input checked="" type="checkbox"/> The ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals. <input checked="" type="checkbox"/> The ACT team actively recruits a defined population and all cases comply with explicit admission criteria.	
O2	Intake Rate	5	The ACT team has not taken on any new clients in the last 6 months.	Given the ACT team has not taken on a new client in over 6 months, the ACT team might want to review each client on the ACT team carefully to consider whether or not there are clients who might be considered for less intensive services in order to allow possible admission of clients who might benefit from ACT services.
O3	Full Responsibility for Treatment Services	3	<p>The ACT team provides the following services:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Counseling / individual supportive therapy <input type="checkbox"/> Housing support <input type="checkbox"/> Substance abuse treatment <input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support <input checked="" type="checkbox"/> Psychiatric Services <p>The ACT team does not currently have an ACT staff that provides individual therapy, and according to records reviewed, some clients are receiving counseling or therapy services from non-ACT staff.</p> <p>19% of the ACT team clients are living in residential group home. ACT teams that have more than 10% of their clients living in group are considered to be not providing Residential / Housing Services.</p>	<p>It is imperative that all ACT clients have access to all comprehensive services, including counseling and therapy services, as well as substance abuse treatment. Clients benefit when services are integrated into a single team, rather than when they are referred to other service providers.</p> <p>The ACT team might consider using a step-wise transition for some of the clients who are receiving therapy services from non-ACT staff to ACT clinicians. Additionally, the ACT team should carefully review each client regularly to monitor whether or not therapy services might be beneficial.</p> <p>See Recommendations in Item H9, S7, S8, and S9 regarding the importance of ACT clients having access to substance abuse treatment.</p>

#	Item	Rating	Rating Rationale	Recommendations
			The ACT team does not currently have a Substance Abuse Specialist and is unable to provide COD treatments, such as individual substance abuse counseling or COD groups. Several clients have been referred to outside agencies for COD treatment, such as Farnum Center and Horizons.	
O4	Responsibility for Crisis Services	3	<p>During the day, the ACT team staff is available directly by individual cell phones, from 8am – 8pm on weekdays and from 8am to 5pm on weekends.</p> <p>There is a separate ACT crisis cell phone turned on “after hours,” from 8pm to 8am on weekdays, from 5pm to 8am on weekends, and from 12pm to 8am on holidays. ACT clients are directed to call this specific ACT on-call cell phone after hours in order to reach an ACT staff directly; however, it appears this process is not always reliable for clients. ACT staff respond to clients by phone only and are unable to meet with clients in-person after hours. If ACT clients need further support after hours, ACT staff utilize Emergency Services, local police, and 911.</p> <p>The on-call after-hours cell phone does not appear to consistently either be covered or answered. ACT clients have to utilize other resources when they cannot get in touch with an ACT staff. ACT clients also identified having to leave messages on this phone both during the day and after hours, having to use alternative methods for support. People’s understanding about the coverage from 5pm-8pm appears to be variable, and ACT clients do not</p>	<p>The ACT Team Leader should work with the ACT Team to assure the ACT on-call cell phone is consistently turned on and ACT staff are available to answer calls 24/7.</p> <p>Additionally, the protocol for who to call during the day and the protocol for the ACT on-call cell phone does not appear to be clear to all ACT clients. The ACT Team Leader might consider meeting with the ACT team to assure there is a reliable and clear plan that both ACT staff and ACT clients are made aware of.</p>

#	Item	Rating	Rating Rationale	Recommendations
			appear to have a consistent understanding of who to contact during this time.	
O5	Responsibility for Hospital Admissions	2	According to the charts reviewed and ACT team reports, the ACT team is involved in approximately 20% of hospital admissions. According to record reviews, hospital admissions appear to be handled mostly by LRMHC Emergency Services.	The ACT team should be directly involved in all hospital admissions in order to maintain continuity of care. When the assigned ACT team is involved directly, the client connects with a familiar ACT team member, and this might divert a crisis.
O6	Responsibility for Hospital Discharge Planning	2	According to the charts reviewed and ACT team member reports, the ACT team is involved in approximately 20% of hospital discharges. According to record reviews, hospital discharges appear to be handled mostly by LRMHC Emergency Services.	The ACT team should work closely with hospital staff and the client throughout a client's psychiatric hospitalization in order to play an active role in discharge planning.
O7	Time-unlimited Services	5	According to ACT staff reports and data reviewed, approximately 2% of ACT clients are expected to graduate annually.	
S1	Community-based Services	5	According to the data reviewed, the ACT team provided face-to-face community-based services 97% of the time	
S2	No Drop-out Policy	5	<p>99% of the ACT team caseload was retained over a 12-month period.</p> <p>Item formula: $\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}} = \text{Drop-out rate}$ $\frac{1}{69} = .014$</p>	

#	Item	Rating	Rating Rationale	Recommendations
S3	Assertive Engagement Mechanisms	3	The team appears to use outreach and legal mechanisms on an individual basis. The team does not appear to have any structured, consistent, and thought-out strategies for engagement and outreach.	It would be useful for the ACT Team Leader to develop a protocol list of outreach and engagement strategies that should be used by team members to engage clients who are hesitant about ACT services. It would be useful to review clients who need outreach strategies on a regular basis during ACT team meetings.
S4	Intensity of Services	4	<p>According to the data reviewed, the ACT team provides median value of 87 minutes of face-to-face contacts per week.</p> <p>According to records reviewed, there was significant variability in the range of intensity of services. It's worth noting that 2 of the clients reviewed received less than 12 minutes of services per week, while 2 other clients received over 240 minutes of services per week.</p>	It may be useful for the ACT Team Leader to provide specific feedback to ACT team staff on the amount of service hours per week provided to specific ACT clients.
S5	Frequency of Contact	5	According to the data reviewed, the ACT team averages 4.5 face-to-face contacts per week	
S6	Work with Support System	2	<p>According to the data reviewed, the ACT team averages 0.6 contacts per month with the client's informal support system in the community for 54 clients.</p> <p>Item formula: <u>Contact# / month X clients w/networks</u> Total # of clients on team = average contacts per client per month <u>40 X 54</u> 69 = .6 contacts per client per month, on average</p>	<p>Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>

#	Item	Rating	Rating Rationale	Recommendations
S7	Individualized Substance Abuse Treatment	1	According to the data reviewed, ACT clients with co-occurring disorders are not receiving formal substance abuse counseling.	The ACT Team should hire at least one full time SAS, as this would be a critical step to meeting the needs of ACT clients with co-occurring disorders, including delivery of individualized substance abuse treatment.
S8	Co-occurring Disorder Treatment Groups	1	ACT clients who have a co-occurring disorder are not currently offered co-occurring disorder treatment groups.	The ACT Team should hire at least one full time SAS, as this would be a critical step to meeting the needs of ACT clients with co-occurring disorders, including delivery of COD groups.
S9	Co-occurring Disorders (Dual Disorders) Model	2	The ACT team is currently not fully based in dual disorders treatment principles, and the ACT team is not providing COD treatment. The ACT team indicated they would utilize outside agencies for substance abuse treatment, such as Horizons, Farnum Center, and "Navigating Recovery." Several ACT team members identified substance abuse treatment as an area in need of significant improvement.	As recommended earlier, the agency should hire at least one full time SAS, as this would be a critical step to meeting the needs of ACT clients with co-occurring disorders. The ACT Team Leader and the SAS should take a leadership role in assuring the ACT team has a good understanding of the COD model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings.
S10	Role of Peer Specialist on Team	4	<input checked="" type="checkbox"/> The ACT team has a consumer that has full professional status While there is a person assigned to be 1.0 FTE Peer Specialist, this position is clearly and significantly divided between providing case management or FSS services and Peer Support Services; therefore, the Peer Specialist is only able to provide Peer Support Services about half of her time according to verbal reports and record reviews.	The ACT Team Leader should monitor the Peer Support Specialist activities routinely to assure that the Peer Support needs of clients who will benefit from them are being met by the Peer Support Specialist. Other members of the ACT team can provide functional Support Services and case management duties, while only the Peer Support Specialist can provide Peer Support Services.

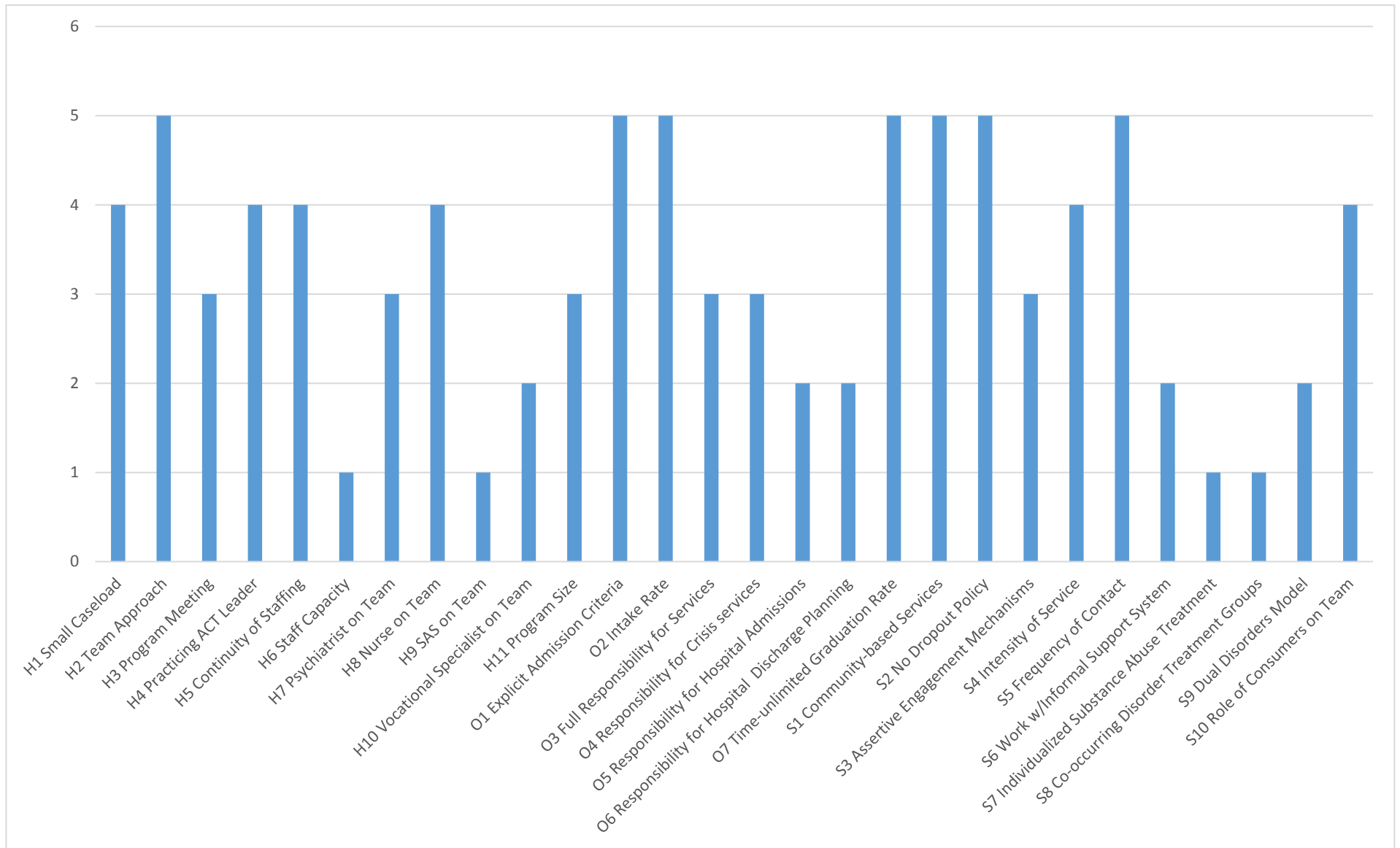
LRMHC ACT Score Sheet 2018	
Items	Rating 1 -5
H1 Small Caseload	4
H2 Team Approach	5
H3 Program Meeting	3
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	4
H6 Staff Capacity	1
H7 Psychiatrist on Team	3
H8 Nurse on Team	4
H9 SAS on Team	1
H10 Vocational Specialist on Team	2
H11 Program Size	3
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	3
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	2
O6 Responsibility for Hospital Discharge Planning	2
O7 Time-unlimited Graduation Rate	5
S1 Community-based Services	5
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	3
S4 Intensity of Service	4
S5 Frequency of Contact	5
S6 Work w/Informal Support System	2
S7 Individualized Substance Abuse Treatment	1
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	2
S10 Role of Consumers on Team	4
Total	91

113 - 140 = Full Implementation

85 - 112 = Fair Implementation

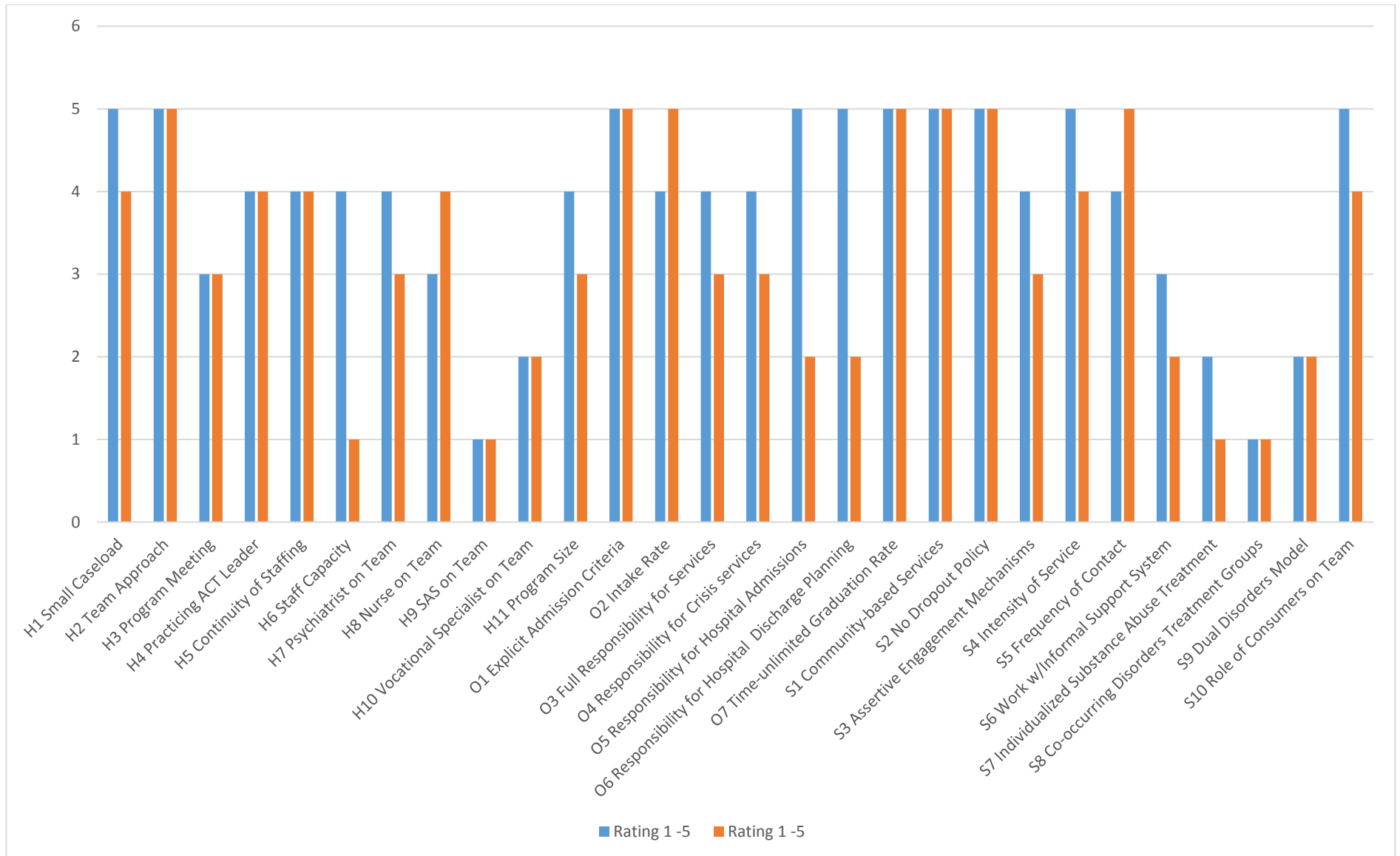
84 and below = Not ACT

LRMHC ACT Items 2018



ACT Score Comparisons by Year		2017	2018
Items		Rating 1 -5	Rating 1 -5
H1 Small Caseload		5	4
H2 Team Approach		5	5
H3 Program Meeting		3	3
H4 Practicing ACT Leader		4	4
H5 Continuity of Staffing		4	4
H6 Staff Capacity		4	1
H7 Psychiatrist on Team		4	3
H8 Nurse on Team		3	4
H9 SAS on Team		1	1
H10 Vocational Specialist on Team		2	2
H11 Program Size		4	3
O1 Explicit Admission Criteria		5	5
O2 Intake Rate		4	5
O3 Full Responsibility for Services		4	3
O4 Responsibility for Crisis services		4	3
O5 Responsibility for Hospital Admissions		5	2
O6 Responsibility for Hospital Discharge Planning		5	2
O7 Time-unlimited Graduation Rate		5	5
S1 Community-based Services		5	5
S2 No Dropout Policy		5	5
S3 Assertive Engagement Mechanisms		4	3
S4 Intensity of Service		5	4
S5 Frequency of Contact		4	5
S6 Work w/Informal Support System		3	2
S7 Individualized Substance Abuse Treatment		2	1
S8 Co-occurring Disorders Treatment Groups		1	1
S9 Dual Disorders Model		2	2
S10 Role of Consumers on Team		5	4
Total		107	91

LRMHC ACT 2017 and 2018 Year Comparisons



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Bureau of Mental Health Services

ACT Fidelity Quality Improvement Plan Template
Lakes Region Mental Health Center

Location: Laconia

Date: 4/05/18

ACT Fidelity Area in Need of Improvement: *H3 Program Meeting*

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 6/01/2018

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☒ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Evaluate the structure of the team meeting to meet fidelity.	Improve client care, team communication and efficiency of team meeting time.	5/01/18	On-going use of new model once initiated	Dan Ventola, ACT Coordinator
Review each client more concisely/quickly.	Improve client care, team communication and efficiency of team meeting time.	4/01/18	Ongoing	Mike Lambert, ACT Team Leader
Utilize staff meeting to adjust schedules to best serve needs as identified in meeting.	Improve client care, team communication and efficiency of team meeting time.	5/01/18	Ongoing	Mike Lambert, ACT Team Leader
Observe another ACT team meeting.	Improve client care, team communication and efficiency of team meeting time.	5/01/18	5/15/18	Dan Ventola & Mike Lambert

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View You-tube video regarding ACT Team meeting as a team with prescriber.	Improve client care, team communication and efficiency of team meeting time.	5/15/18	5/30/18	Dan Ventola, ACT Coordinator
ACT Team Leader will facilitate meeting consistently (once internship is complete).	Improve client care, team communication and efficiency of team meeting time.	8/30/18	8/30/18	Mike Lambert, ACT Team Leader

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ACT Fidelity Area in Need of Improvement: *H6 Staff Capacity*

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 10/01/2018

Improvement Strategies (select all that apply):

☐ Policy change ☒ Practice change ☐ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions to include: advertising through new HR software system, employment fairs (off-site and on-site), college fairs.	Adequate staffing to fully serve ACT clients.	Ongoing	As soon as possible	Dan Ventola, ACT Coordinator
Consider referral bonus to promote word of mouth recruitment.	Adequate staffing to fully serve ACT clients.	7/01/18		Executive Team
Consider sign on bonus to create a stronger incentive package.	Adequate staffing to fully serve ACT clients.	7/01/18		Executive Team

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ACT Fidelity Area in Need of Improvement: *H7 Psychiatrist on Team*

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 7/01/2018

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Review role of psychiatrist currently designated at .75 time spent with ACT.	Adequately serve ACT team patients by reviewing psychiatrist time.	5/01/18	7/01/18	Chelsea Lemke, CSP Director

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *H9 Substance Abuse Specialist on Team*

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 10/01/2018

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions – including LADAC (bachelor's/ master's level) and SAS trained bachelor's level.	Hire substance abuse specialist to serve dual diagnosis ACT clients.	Ongoing	ASAP	Dan Ventola, ACT Coordinator
When staff capacity is adequate per fidelity, staff to attend SUD trainings offered.	Enhance SUD skills of current team.	To be determined by staffing capacity.		Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *H10 Vocational Specialist on Team*

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by ASAP

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions. <i>Note: since Fidelity Review – ACT lost the Employment Specialist to the Supported Employment Team.</i>	Hire sufficient SE staff for ACT team to serve all ACT patients with active employment goals.	4/01/18	ASAP	Dan Ventola ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *H11 Program Size*

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 6/01/2018

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions.	Hire and retain sufficient staffing to fully meet the needs of all LRMHC patients eligible for ACT services.	Ongoing	ASAP	Dan Ventola, ACT Coordinator
Review/revise ACT Discharge procedure – TA offered by David Lynde/Christine Powers as needed.	To ensure clients are transitioned well towards graduation when appropriate.	Per staffing capacity		Dan Ventola
Review caseload for eligibility criteria and service needs.	To ensure needs are met.	Per staffing capacity		Dan Ventola
Review/revise ACT Referral protocol.	To ensure standardized process.	Per staffing capacity		Dan Ventola

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *O3 Full Responsibility for Treatment Services*

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 7/01/2018

Improvement Strategies (select all that apply):

- ☐ Policy change X Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Based upon eligibility criteria, will discharge long term housing clients from ACT as clinically appropriate per discharge protocol.	ACT clients receive wrap around services from ACT team staff.	6/01/18	9/10/18	Dan Ventola, ACT Coordinator
ACT to provide all functional support services to remaining ACT clients living in supportive housing. Currently limited by staff capacity. Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions.	ACT clients receive wrap around services from ACT team staff.	To be determined by staffing capacity.		Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *O4 Responsibility for Crisis Services*

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 6/01/2018

Improvement Strategies (select all that apply):

X Policy change ☐ Practice change X Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Staff training via supervision and team meetings on ACT documentation of collaborative crisis services.	Clear documentation of when ACT staff is involved in Emergency Services interaction.	5/01/18	6/01/18, ongoing for new staff	Dan Ventola, ACT Coordinator
Review/revise on-call phone procedure.	Improve client clarity of how to access ACT staff.	5/01/18	6/01/18	Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *05 Responsibility for Hospital Admissions*

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5 by 6/01/2018

Improvement Strategies (select all that apply):

- ☐ Policy change X Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Staff training via supervision and team meetings on ACT documentation of collaborative crisis services. <i>Note: Target of 4 due to hospital policy restriction regarding limitation on credentialing LRMHC staff.</i>	Clear documentation of when ACT staff is involved in Emergency Services interaction.	5/01/18	6/01/18	Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *O6 Responsibility for Hospital Discharge Planning*

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 6/01/2018

Improvement Strategies (select all that apply):

☐ Policy change X Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Staff training via supervision and team meetings on documentation of collaborative crisis services.	Clarify ACT team's work with agency hospital liaison in discharge planning process.	5/01/18	6/01/18	Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *S3 Assertive Engagement Mechanisms*

ACT Fidelity Baseline: ☐ 1 ☐ 2 ☒ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 10/01/2018

Improvement Strategies (select all that apply):

X Policy change X Practice change ☐ Process change ☐ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with operations team to develop outreach and engagement procedure to be used by team members to engage clients who are hesitant about ACT services.	Development of consistent and progressive strategies for client outreach.	7/01/18	10/01/18	Dan Ventola, ACT Team Coordinator
Review clients who need outreach strategies on a regular basis during ACT team meetings.	Identify patients in need of outreach.	7/01/18	10/01/18	Michael Lambert, ACT Team Leader

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *S6 Work with Support System*

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by 10/01/2018

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☒ Process change ☒ Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions	Increase staff capacity to allow for staff time to collaborate with collateral individuals	1/01/18	ASAP	Dan Ventola, ACT Coordinator
Staff training and supervision around documentation of collateral contacts; utilize TA support offered by David Lynde/Christine Powers.	Increase collaboration with collateral individuals.	To be determined by staffing capacity.		Mike Lambert, ACT Team Leader

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *S7 Individualized Substance Abuse Treatment*

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by ASAP

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions;	Hire substance abuse specialist to serve dual diagnosis ACT clients.	Ongoing	ASAP	Dan Ventola, ACT Coordinator
Recruit for bachelor level LADAC/SAS (in addition to MLADAC).	Hire substance abuse specialist to serve dual diagnosis ACT clients.	5/01/18	ASAP	Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *S8 Co-occurring Disorder Treatment Group*

ACT Fidelity Baseline: ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by ASAP

Improvement Strategies (select all that apply):

- ☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions	Hire substance abuse specialist to serve dual diagnosis ACT clients.	Ongoing	ASAP	Dan Ventola, ACT Coordinator
Recruit for bachelor level LADAC (in addition to MLADAC).	Hire substance abuse specialist to serve dual diagnosis ACT clients.	5/01/18	ASAP	Dan Ventola, ACT Coordinator

NH Department of Health and Human Services
Bureau of Mental Health Services

ACT Fidelity Area in Need of Improvement: *S9 Co-Occurring Disorders (Dual Disorders) Model*

ACT Fidelity Baseline: ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5

Improvement Target: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 by ASAP

Improvement Strategies (select all that apply):

☐ Policy change ☐ Practice change ☐ Process change X Workforce Development
☐ Infrastructure improvement ☐ Other _____

Action Plan (List the activities planned to achieve the improvement target. Include additional rows if needed):

Activity	Desired Outcome	Start Date	Expected Completion Date	Lead Person
Work with HR and Marketing to recruit and retain ACT team members to fill vacant positions	Hire substance abuse specialist to serve dual diagnosis ACT clients.	Ongoing	ASAP	Dan Ventola, ACT Coordinator
Collaborate with Training Manager to offer training around Stages of Change.	Provision of Co-Occurring Disorders model	To be determined by staffing capacity.		Dan Ventola, ACT Coordinator
Evaluate development of COD note/documentation.	Provision of Co-Occurring Disorders Model	To be determined by staffing capacity.		Chelsea Lemke, Program Director



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH
BUREAU OF MENTAL HEALTH SERVICES

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April 16, 2018

Margaret Pritchard, CEO
Lakes Region Mental Health Center
40 Beacon Street East
Laconia, NH 03246

Dear Ms. Pritchard,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Quality Improvement Plan submitted on April 5, 2018 that was in response to the ACT Fidelity Review conducted on February 21, 2018 through February 22, 2018. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement. Follow up will be conducted on a quarterly basis using the attached ACT Fidelity Review Quality Improvement Plan Progress Report.

Please contact myself if you have any questions regarding this correspondence at 603-271-8376, or by e-mail: Lauren.Quann@dhhs.nh.gov.

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

A handwritten signature in cursive script that reads "Lauren Quann".

Lauren Quann, MS
Administrator of Operations
Bureau of Mental Health Services
Lauren.Quann@dhhs.nh.gov
603-271-8376

LAQ/laq

Enclosures: LRMHC ACT Progress Report Quarter 1
CC: Karl Boisvert, Diana Lacey, Susan Drown, Julianne Carbin